ENTRY BLANK 6-22-7 PLEASE TYPE OR PRINT Entered previous May Show wes yes □ no Ms. SHE WALL ☐ Mr. Artist (Last Name Last) Permanent Adress _ Street Tel. (212) 787 - 9337 Zip Area Code Temporary or Studio Address. Street City Tel. () Area Code Zip If you do not presently live in one of the counties of the Western Reserve, which county were you born in? COYAHOGA Collaborator _ (If Any) If May Show entries are not accepted or not sold: Artist will pick up at Museum. STRONG'S GALLERY WILL PICK IT UP Museum should ship to artist C.O.D. at this address: **Special Instructions** When necessary include below instructions or a drawing of how the object is to be assembled and displayed. This entry blank must be fully made out and signed. Unsigned

entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until August 21, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Sul Wall

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